UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT For New Members,	FORM B Candidates, and New Employees	The Third Becomes 850 to The
Name: William W. Face () Daytime Telephone:	one:	18 JUL 27 PH 1:12
New Member of or Cendidate for State: 16.6 U.S. House of Representatives District: 17th Candidates – Date of Election: Nev 6th 2018	Check if Amendment	(Office Use Only)
STATUS New Officer or Employee Staff Filar Type (If Applicable): Employing Office: Shared Principal Assistant	Period Covered: January 1, to	A \$200 penalty ehall be assessed ageinst any individual who files more than 30 days late.
PRELIMINARY INFORMATION – ANSWER <u>EACH</u> OF THESE QUESTIONS	TIONS	
A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?	E. Did you hold any reportable positions during the reporting period or in the current calender year up through the date of filing?	ng the reporting Yes No No
C. Did you or your spouse have "earned" income (e.g., saleries, honorarie, or pension/IRA distributions) of \$200 or more during the Yes No reporting period?	F. Did you have any reportable agraement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	arrangemant with an Yee No No
D. Did you, your spouse, or your dependent child have any reportable Yes No No No No No No No	J. Did you recaive compensation of more than \$5,000 from a single source in the current year and two prior years?	n \$5,000 from a Yes No No
ATTACH THE CORRESPONDING SCHEDULE IF YOU A	HEDULE IF YOU ANSWER "YES" THAT YOU ARE REQUIRED TO COMPLETE	S") COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER	- ANSWER BOTH OF THESE QUESTIONS	E QUESTIONS
TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such e trust that benefits you, your spouse, or depandent child?	ther "excepted trusts" need not be disclosed.	Have you excluded Yes No
EXEMPTION – Have you excluded from this report eny other assets, "unearned" income, or liabilities of a spouse or dependence exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	spouse or dependent child because they meet all three tests for	et all three tests for Yes No

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name:

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ትጸዩ Exclude: Your personal residence, including secon homes and vacation homes (unless there was rent For an ownership interest in a privately-held busine that is not publicly traded, state the name of the business, the nature of its activities, and For rental end other real property held for investman provide e complete address or description, e.g. rental property," end a city and state. For bank and other cash ecounts, total the amount is all interest-bearing accounts. If the total is ove \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts. For all IRAs and other retrement plans (such 401(k) plans) provide the value for each asset hek the account that exceeds the reporting thresholds. Provide complete names of stocks and mutual fund (do not use only ticker symbols). and (b) eny other reportable asset or source of incomwhich generaled more than \$200 in "unearned income during the year. dentify (e) eecn asset the fair market value production of income end with a fair market value production of income end of the reporting period exceeding \$1,000 at the end of the reporting period exceeding \$1,000 at the end of the reporting period income For a detailed discussion of Schedule A requirement please refer to the instruction booklet. income during the reporting period); and any financial interest in, or income derived from, e federa interest in, or income derived from, e federa retirement progrem, including the Thirlt Sevings Plen peographic location in Block A. f you so choose, you may indicate that an asset moome source is that of your spouse (SP) lependent child (CD), or Johly held with anyone (The optional column on the far left. you report a privately-traded fund that is an ceptied investment Fund, please check the "EIF Assets and/or Income Sources NONE Simon & Schuster Maga Corp Stock P × indicate value of asset et close of the reporting period. If you use e valuation method other then fair market value, please specify the method used. If en assat was sold during the reporting period end is included only because it generated income, the value should be child in which you have no interest None > Column M is for essets held by your spouse or depende \$1-\$1,000 œ \$1,001-\$15,000 O \$15,001-\$50,000 o Value of Asset × m \$50,001-\$100,000 \$100,001-\$250,000 TI BLOCK B \$250,001-\$500,000 Ø × \$500,001-\$1,000,000 × \$1,000,001-\$5,000,000 \$5,000,001-\$25,000,000 ٩. $\overline{}$ \$25,000,001-\$50,000,000 Over \$50,000,000 -3 Spouse/DC Asset over \$1,000,000* cul Check ell columns that epply. For accounts pase that generale tax-deformed incomne (such as 401(k), IRA, or 629 eccounts), you may oheolo led the "lex-Deferred" column. Dividende, led the rest, and capital gains, even if reinvested, stust be disclosed as income to research, stust be disclosed as income to research fell in taxable accounts. Check ent "None" if the east generatated no income during the reporting period. NONE DIVIDENDS × RENT Type of Income INTEREST BLOCKC CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Perinersh Royaldes Other Type of Income (Specify: e.g., Partnership Income or Farm Income) For essets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all othe assets Indicate the category of income by checking the eppropriate box below. Dividends, interest, enc capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts Check "None" if no income was earned or generated. *Column XII is for assets held by your spouse or dependent child in which you have no interest 3 CA A × \$1-\$200 Œ \$201-\$1,000 ₹ \$1,001-\$2,500 < **Current Year** \$2,501-\$5,000 S × \$5,001-\$15,000 \$ \$15,001-\$50,000 BN \$50,001-\$100,000 \$100,001-\$1,000,000 × Amount of Income \$1,000,001-\$5,000,000 × Over \$5,000,000 BLOCK D ¥ Spouse/DC Income over \$1,000,000* None \$1-\$200 = × \$201-\$1,000 3 Page_ ₹ \$1,001-\$2,500 Preceding Year < \$2,501-\$5,000 \$ \$5,001-\$15,000 ş × \$15,001-\$50,000 ş \$50,001-\$100,000 \$100,001-\$1,000,000 × × \$1,000,001-\$5,000,000 ₹ Over \$5,000,000 살 Spouse/DC Income over \$1,000,000*

SCHEDULE A - ASSETS & "UNEARNED INCOME"

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Use additional sheets if more space is required.

Name: Page 7 of 6

SCHEDULE C - EARNED INCOME

Name: BILL FAUSELL Page 4 of 6

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List the source, type, end amount of earned income from eny source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer
end filer's spouse, list the source end amount of any honoreria. List only the source for other spouse earned income exceeding \$1,000. See exemples below.
EXCLUDE: Militery pey (such as National Guard or Reserve pey), federal retirement progrems, and benefits received under the Social Security Act.

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					Day Buragea	BESEKIN RABE	Civil War Roundtable (Oct. 2) Ontario County Board of Education	ABC Trade Association, Beltimore, MO (July 15) State of Maryland	Source (include date of receipt for honoraria)	INCOME LIMITS end PROHIBITED INCOME: Be edvised that the income limit and prohibited income may apply to you after you are on House payroli. The 2017 limit on outside earned income for Members end employees compensated et or ebove the "senior staff" rate was \$27,765. The 2018 limit is \$28,050. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving e fiduciery relationship) ere totally prohibited for Members end senior staff.
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SCHEDULE D - LIABILITIES

Name: BILL FANGLL

Page 5 of 6

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest emount owed during the reporting period. New Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and exceeded \$10,000. liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period *Column K is for liabilities held solely by your spouse or dependent child.

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		Passper Gunding W	First Bank of Wilmington, DE	Creditor		
		4/2018	5/98	Date Liability Incurred MO/YR		
		Moreville	Mortgage on Rental Property, Dover, OE	Type of Liability		
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				Over \$50,000,000	<u> </u>	
				Over \$1,000,000* (Spouse/DC Liability)	*	

SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of eny corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities (such as political parties and cempaign organizations); and positions solely of an honorary nature. New Members and second-year candidates report positions held in the reporting period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.

	Sol- Propheter Garage One	Position Name of	period and the current year. First-year candidates and flew employees report positions train the current calendar
	FALSNA DIE	Name of Organization	em entiproyees report positions in the current calendaryear end two previous years.

SCHEDULE F - AGREEMENTS

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	Page 6 of 6
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employer. Identify the date, parties to, and general terms of any agreement or arrengement that you have with respect to: future employment; a leave of ebsence during the period of government service; continuetion or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan meintained by e former

Date	Parties to Agreement	Terms of Agreement
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SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current yeer and two prior yeers. This includes the nemes of clients end customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Peyments by the U.S. government and any information considered confidential as a result of e privileged relationship recognized by law. Do not repeat information listed on Schedule C.

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Berency Rase Walindupalis	DAN BALOCCA GRUGATA, IL	Doe Jones & Smith, Hometown, Homestate	Source (Name and City/State)	
AGBUT	Capstancsian orth	Accounting Services	Brief Description of Duties	promoting to the second